

# BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

TETRAZOLE COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR ANTAGONISTS

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate Information -

The specification was filed on 08/08/2006 as United States Application Number \_\_\_\_\_; and amended on 08/08/2006 (if applicable) and/or

For Use Without Specification Attached:

the specification was filed on 02/17/2005 as PCT International Application Number PCT/US2005/005217; and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Insert Priority Information (if appropriate)

(Number) \_\_\_\_\_

(Country) \_\_\_\_\_

(Month/Day/Year Filed) \_\_\_\_\_

Priority Claimed

☐ Yes ☐ No

(Number) \_\_\_\_\_

(Country) \_\_\_\_\_

(Month/Day/Year Filed) \_\_\_\_\_

☐ Yes ☐ No

(Number) \_\_\_\_\_

(Country) \_\_\_\_\_

(Month/Day/Year Filed) \_\_\_\_\_

☐ Yes ☐ No

(Number) \_\_\_\_\_

(Country) \_\_\_\_\_

(Month/Day/Year Filed) \_\_\_\_\_

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)

60/545,291  
(Application Number)

February 18, 2004  
(Filing Date)

(Application Number)

(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information (if appropriate)

Country

Application Number

Date of Filing (Month/Day/Year)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

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(Filing Date)

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I hereby appoint the practitioners at **CUSTOMER NO. 54080** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

**CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)**  
 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor →  
Insert Date This  
Document is Signed

Insert Residence  
→  
Insert Post Office  
Address

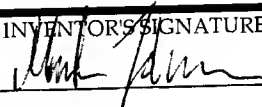
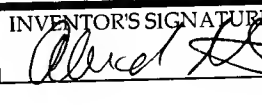
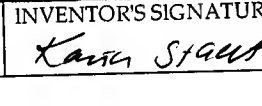
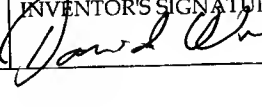
Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME Martin JOHANSSON	INVENTOR'S SIGNATURE 	DATE* 15 <sup>th</sup> Aug 2006
Residence (City, State & Country) Lund, Sweden		CITIZENSHIP Sweden
MAILING ADDRESS (Complete Street Address including City, State & Country) Respiratorius, Magistratsvägen 10, SE-226 43 Lund, Sweden		
GIVEN NAME/FAMILY NAME Alexander MINIDIS	INVENTOR'S SIGNATURE 	DATE* Sept 15 <sup>th</sup> 2006
Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
MAILING ADDRESS (Complete Street Address including City, State & Country) AstraZeneca R&D Södertälje, SE-151 85 Södertälje, Sweden		
GIVEN NAME/FAMILY NAME Karin STAAB	INVENTOR'S SIGNATURE 	DATE* Sept 15 <sup>th</sup> 2006
Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
MAILING ADDRESS (Complete Street Address including City, State & Country) AstraZeneca R&D Södertälje, SE-151 85 Södertälje, Sweden		
GIVEN NAME/FAMILY NAME David WENSBO	INVENTOR'S SIGNATURE 	DATE* Sep 15 <sup>th</sup> 2006
Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
MAILING ADDRESS (Complete Street Address including City, State & Country) AstraZeneca R&D Södertälje, SE-151 85 Södertälje, Sweden		
GIVEN NAME/FAMILY NAME Donald MCLEOD	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc.; 383 Colorow Drive; Salt Lake City, Utah 84108		
GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Toronto, CANADA		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		

\*DATE OF SIGNATURE

Full Name of Seventh  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Toronto, CANADA		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		

Full Name of Eight  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME Anne O'BRIEN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		

Full Name of Ninth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE	DATE*
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Full Name of Tenth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Woodbridge, Canada		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		

Full Name of  
Eleventh  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of  
Thirteenth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

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Prior Foreign Application(s)

**Insert Priority Information (if appropriate)**

			Priority Claimed	
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<u>60/545,291</u>	<u>February 18, 2004</u>
(Application Number)	(Filing Date)
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**Insert Requested Information (if appropriate)**

Country	Application Number	Date of Filing (Month/Day/Year)
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Full Name of First  
or Sole Inventor.  
Insert Name of  
Inventor →  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship →

Insert Post Office  
Address →


Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

<b>GIVEN NAME/FAMILY NAME</b> Martin JOHANSSON	<b>INVENTOR'S SIGNATURE</b>	<b>DATE*</b>
Residence (City, State & Country) Södertälje, Sweden		<b>CITIZENSHIP</b> Sweden
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN		
<b>GIVEN NAME/FAMILY NAME</b> Alexander MINIDIS	<b>INVENTOR'S SIGNATURE</b>	<b>DATE*</b>
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<b>GIVEN NAME/FAMILY NAME</b> Karin STAAF	<b>INVENTOR'S SIGNATURE</b>	<b>DATE*</b>
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<b>GIVEN NAME/FAMILY NAME</b> David WENSBO	<b>INVENTOR'S SIGNATURE</b>	<b>DATE*</b>
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<b>GIVEN NAME/FAMILY NAME</b> Donald MCLEOD	<b>INVENTOR'S SIGNATURE</b> 	<b>DATE*</b> Sept. 1, 2000
Residence (City, State & Country) Salt Lake City, Utah		<b>CITIZENSHIP</b> US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc.; 383 Colorow Drive; Salt Lake City, Utah 84108		
<b>GIVEN NAME/FAMILY NAME</b> Louise EDWARDS	<b>INVENTOR'S SIGNATURE</b>	<b>DATE*</b>
Residence (City, State & Country) Toronto, CANADA		<b>CITIZENSHIP</b> Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		

\*DATE OF SIGNATURE

Full Name of Seventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Brampton, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		
Full Name of Eighth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Anne O'BRIEN	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Mississauga, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Woodbridge, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME Tomislav STEFANAC	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Burlington, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)		CITIZENSHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)		
Full Name of Thirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)		CITIZENSHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)		

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_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Send Correspondence to:

**CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)**

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FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor →  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship →  
Insert Post Office  
Address →


Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
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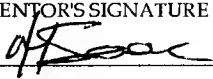

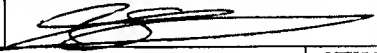

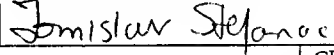
Full Name of Fifth  
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\*DATE OF SIGNATURE



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	MAILING ADDRESS (Complete Street Address including City, State & Country)		

\*DATE OF SIGNATURE